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ABSTRACT

This PLACE workbook for clients in employment counseling helps them assess their employability, specifically in the part of PLACE related to personal needs. (A companion sourcebook is available separately as CE 031 890.) It contains employment-related topics about which clients are asked questions that can help them identify employment problems. Overcoming these problems may require clients to learn a skill or work-related behavior, or it may mean that clients must obtain a resource, such as child care, transportation, or bonding. Specific topics covered in this workbook include finances, transportation, care of dependents, health (physical, emotional, alcohol/drug abuse), physical limitations, housing, legal problems, and discrimination. (YLB)

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ED218447

PLACE

Guided steps to employment readiness

Workbook
Part E
Personal Needs

Occupational and Career Analysis and Development

Analyse et développement – Professions et carrières

CE 031 889

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PLACE has been developed under the directior of Bruce Rosove of the Advanced Development Division, Occupational and Career Analysis and Development Branch, Canada Employment and Immigration Commission. The present format has been developed based on findings from two earlier editions of the material.

Barbara McKay worked with the developer in writing the first draft of this component of PLACE. It was revised and edited by Tunde Nemeth, Bob Thomas, Ms. McKay and Mr. Rosove.

Ms. Nemeth has created the internal design and layout of this and all the components of the present edition of PLACE.

NOTE:

This is one in a series of PLACE publications. The full series includes:

PLACE Workbook, Parts A/B, Identifying Your Occupation/ Fitting the Requirements
PLACE Sourcebook, Parts A/B, Identifying Your Occupation/ Fitting the Requirements

PLACE Workbook, Part C, Getting the Job
PLACE Sourcebook, Part C, Getting the Job

PLACE Workbook, Part D, Doing Well on the Job
PLACE Sourcebook, Part D, Doing Well on the Job

PLACE Workbook, Part E, Personal Needs
PLACE Sourcebook, Part E, Personal Needs

PLACE Directory to Employment-Related Programs and Services

PART E / PERSONAL NEEDS

Part E of PLACE will help you decide whether your personal situation is hurting your ability to find work and do well in a job.

It is divided into the following sections:

1. Finances
2. Transportation
3. Care of Dependents
4. Health (physical, emotional, alcohol/drug abuse)
5. Physical Limitations
6. Housing
7. Legal Problems
8. Discrimination

A "Checklist" is provided, on which you can record each area you decide may present a problem. When you have completed this Workbook, you will use a Solutions Planning Chart to describe what you need to do to improve your situation. Then you can list possible solutions and resources there. If you have difficulty doing any of this, the Sourcebook on the World of Work, Part E can help you. It provides information on the way in which work or job search may be affected, methods of analyzing your needs, and some possible resources or solutions. The PLACE Directory to Employment-Related Programs and Services (PLACE Directory) may help you locate specific resources or services that you need.

Tear out the checklist (page 7 of this Workbook) along the perforated line. Then, turn to page 2 to begin assessing your personal needs.

PLACE

WORKBOOK

1. FINANCES

WHILE YOU ARE LOOKING FOR WORK, YOU NEED TO HAVE ENOUGH MONEY TO MEET YOUR BASIC LIVING EXPENSES AND TO PAY FOR THE THINGS YOU NEED TO CONDUCT A THOROUGH JOB SEARCH. HAVING DEBTS YOU CANNOT PAY OR WAGE GARNISHEES MAY HURT YOUR CHANCES FOR EMPLOYMENT. ALSO, WORRYING ABOUT MONEY CAN INTERFERE WITH YOUR ABILITY TO PERFORM WELL ON THE JOB WHEN YOU DO FIND WORK.

a) * If you do not have enough money coming in each month to meet your basic living expenses while you look for work or if you're not sure, mark "Job Search Finances" on your Checklist.

b) * If the amount of money you expect to make while working will not be adequate to meet all your expenses, or if you're not sure it will be, mark "Working Finances" on your Checklist.

c) * If serious debts or the threat of wage garnishee are interfering with your ability to find or keep a job, mark "Serious Debt" on your Checklist.

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2. TRANSPORTATION

WHILE YOU ARE LOOKING FOR A JOB, YOU MUST BE ABLE TO GET TO A POTENTIAL EMPLOYER'S PLACE OF BUSINESS (FOR EXAMPLE, TO ATTEND AN INTERVIEW). WHEN YOU FIND WORK, YOU MUST BE ABLE TO ATTEND REGULARLY AND ARRIVE ON TIME.

List the main areas of your community where there are employers of people in your occupation. (If you need help in doing this, see the Sourcebook on the World of Work, Part C - Getting the Job, page 43.)

_____

_____

_____

_____

* If you cannot get to the areas you've listed above, or you're not sure you can, mark "Transportation" on your Checklist.

****

3. CARE OF DEPENDENTS

BEING RESPONSIBLE FOR THE CARE OF OTHER FAMILY MEMBERS CAN INTERFERE WITH YOUR ABILITY TO LOOK FOR WORK OR KEEP A JOB. IT IS IMPORTANT THAT YOU FEEL YOUR DEPENDENTS ARE WELL CARED FOR AND THAT WHATEVER ARRANGEMENTS YOU MAKE ARE RELIABLE.

* If you cannot make arrangements for the care of your dependents, or aren't sure how to, either while you're working or while you're looking for work, mark "Care of Dependents" on your Checklist.

****

4. HEALTH

IF YOU ARE IN GOOD HEALTH AND DO NOT HAVE ANY MAJOR PROBLEMS, YOU WILL BE BETTER ABLE TO LOOK FOR WORK AND HOLD A JOB. IF YOU ARE WORN OUT, EXTREMELY NERVOUS OR EASILY UPSET, OR IF YOU ABUSE ALCOHOL OR DRUGS, YOU WILL FIND IT DIFFICULT TO CONDUCT A THOROUGH JOB SEARCH. PROSPECTIVE EMPLOYERS MAY NOT WISH TO HIRE YOU OR KEEP YOU ON IF THESE KINDS OF PROBLEMS APPEAR LIKELY TO AFFECT YOUR ATTENDANCE OR WORK PERFORMANCE. THE QUESTIONS BELOW WILL HELP YOU DECIDE WHETHER YOU MAY HAVE A HEALTH PROBLEM.

- Have you lost weight for no apparent reason? (That is, you haven't changed your eating habits and you aren't aware of having been ill.)
- Do you often feel tired in the morning, even though you went to bed early the night before?
- Do you often seem to have difficulty getting along with others at work?
- Do you frequently take days off work or cancel plans because you're just too tired or you don't feel well?
- Do you feel irritable most of the time or have problems with your nerves?
- Do you run out of energy sooner than you think you should?
- Do you suffer from frequent headaches, dizziness, blackouts (loss of memory) or fainting?
- Are you extremely distracted or upset by average amounts of noise?
- Do you seem to get sick with colds or flu more than other people?

* If, after reading these questions, you feel you may have a health - related problem, mark "Health" on your Checklist.

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5. PHYSICAL LIMITATIONS

PHYSICAL LIMITATIONS LIKE POOR VISION, HEARING OR REDUCED USE OF HANDS OR FEET CAN INTERFERE WITH YOUR ABILITY TO WORK. MANY LIMITATIONS CAN BE CORRECTED BY USING A PHYSICAL AID. FOR EXAMPLE, GLASSES WILL CORRECT VISION, A WHEELCHAIR WILL IMPROVE MOBILITY AND DENTURES CAN IMPROVE SPEECH AND APPEARANCE. IF YOU NEED A PHYSICAL AID AND DO NOT HAVE ONE, BOTH YOUR ABILITY TO LOOK FOR WORK AND TO DO YOUR BEST AT A JOB MAY BE GREATLY IMPROVED BY GETTING WHAT YOU NEED.

* If you think that a physical limitation or lack of a physical aid is affecting your ability to work or to look for a job, mark "Physical Limitations" on your Checklist.

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6. HOUSING

YOUR LIVING SITUATION CAN BE IMPORTANT IN CONDUCTING A SATISFACTORY JOB SEARCH AND IN KEEPING A JOB. IF YOU ARE TO DO YOUR BEST WHILE LOOKING FOR WORK AND WHILE WORKING, YOU WILL NEED SOME BASIC FACILITIES, AS WELL AS A PLACE THAT ALLOWS YOU TO GET ADEQUATE REST, RELAXATION AND PRIVACY.

You should have:

- A place to write letters of application
- Use of a telephone
- A reliable way of receiving messages
- Access to facilities for washing your clothes
- A place to store them
- Facilities for grooming
- A place that allows you to get adequate rest

* If you don't have easy access to the above facilities, mark "Housing" on your Checklist.

****

7. LEGAL PROBLEMS

LEGAL PROBLEMS CAN INCLUDE A CRIMINAL RECORD, LAW SUIT, DIVORCE OR SEPARATION; ANY OF THESE CAN DISRUPT YOUR WORK OR JOB SEARCH. SUCH DISRUPTIONS CAN OCCUR BECAUSE LEGAL PROBLEMS CAN USE UP ALL YOUR ENERGY OR MAY REQUIRE YOU TO TAKE TIME OFF OR CAUSE FREQUENT PHONE CALLS AT WORK. IN ADDITION, A CRIMINAL RECORD CAN MEAN THAT YOU MAY HAVE TROUBLE OBTAINING BONDING; FOR SOME JOBS, THIS CAN HURT YOUR CHANCES OF BEING HIRED.

* If you think a legal problem might be making it hard for you to find or keep a job, mark "Legal Problems" on your Checklist.

****

8. DISCRIMINATION

NO ONE CAN LEGALLY BE REFUSED EMPLOYMENT BECAUSE OF A PERSONAL CHARACTERISTIC SUCH AS NATIONAL OR ETHNIC ORIGIN, COLOUR, RACE, RELIGION, SEX OR MARITAL STATUS. IN CERTAIN PROVINCES IT MAY ALSO BE ILLEGAL TO REFUSE YOU EMPLOYMENT BECAUSE OF A CRIMINAL RECORD, POLITICAL BELIEF, PHYSICAL DISABILITY, AGE OR PREVIOUS EMOTIONAL DISORDER UNLESS THOSE CHARACTERISTICS RELATE TO YOUR ABILITY TO DO THE JOB.

* If you feel you have been unfairly refused employment, mark "Discrimination" on your Checklist.

****

9. OTHER PROBLEMS

* If there are any other problems that you feel may interfere with your ability to find and keep a job, mark "Other Problems" on your Checklist, and note what the problem is. You can ask your counsellor for help with this.

****

You have now completed the assessment portion of Part E, Personal Needs.

If, on your checklist, you have marked any personal problems that may affect your ability to work or find a job, you should now turn to the Sourcebook pages noted on the Checklist and follow the suggestions on those pages.

If you have no personal problems that affect your ability to work or find a job, then you have finished Part E, Personal Needs.

CHECKLIST

Indicate with a check mark (✓) those areas which may be interfering with your ability to look for and keep a job.

Topic No.	Topic	Information on this topic can be found in the Sourcebook on page:
1.	☐ Finances Job Search Finances Working Finances Serious Debt	7
2.	☐ Transportation	35
3.	☐ Care of Dependents	55
4.	☐ Health (physical, emotional or alcohol/drug abuse)	73
5.	☐ Physical Limitations	87
6.	☐ Housing	91
7.	☐ Legal Problems	103
8.	☐ Discrimination	111
9.	☐ Other Problems (specify)_____	

When you have finished filling in this Checklist, read the Sourcebook pages indicated for each topic you have marked. The material on those pages, along with the forms on pages 9-20 of this Workbook, will help you to analyze your problems. Once you have done this, turn to page 21 of this Workbook, and follow the directions there.

ASSESSMENT FORMS

The forms on the following pages are designed to help you assess your situation and your needs. They should be used with the Sourcebook, Part E. Complete instructions for their use are found on the Sourcebook pages indicated at the top of each form. This section includes:

Expenses Assessment Form
Income Assessment Form
Clothing Budget Calculator
Public Transit Costs
Cost of Car Ownership
Evaluating Travel Alternatives
Public Transit Exercise
Child Care: Assessing Your Needs
Child Care: Resource Checklist
Adult Dependents: Assessing Your Needs
Adult Dependents: Resource Checklist

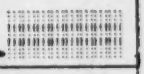
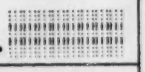
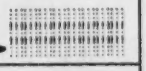
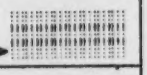
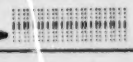
Refer back to this section when directed to do so in the Sourcebook.

EXPENSES ASSESSMENT FORM

Instructions for the use of this form can be found on page 11 of the Sourcebook.

BASIC MONTHLY EXPENSES		
1. HOUSING	a. Rent or Mortgage	
	b. Heating	
	c. Electricity	
	d. Telephone	
	e. Other	
	*Subtotal	→
2. FOOD	a. Weekly groceries x 4.3	
	b. "Extras during week" x 4.3	
	c. Restaurant meals/week x 4.3	
	*Subtotal	→
3. TRANSPORTATION	a. Car	
	b. Public Transit	
	c. Other	
	*Subtotal	→
4. PERSONAL	a. Cigarettes/Tobacco	
	b. Cosmetics/Toiletries	
	c. Barber/Beauty Shops	
	d. Laundry/Dry Cleaning	
	e. Other	
	*Subtotal	→
5. CLOTHING	a. Work Clothes/Job Search Clothes	
	b. Family/Personal	
	*Subtotal	→
6. CARE OF DEPENDENTS	a. Children	
	b. Adults	
	*Subtotal	→
7. DEBTS	a. Charge Accounts/Credit Cards	
	b. Loans	
	c. Other	
	*Subtotal	→
8. SUNDRY	a. Entertainment	
	b. Newspapers	
	c. Job Search Supplies	
	d. Other	
	*Subtotal	→
	9. SUBTOTAL: BASIC MONTHLY EXPENSES (carry forward to next page)	→

EXPENSES ASSESSMENT FORM (continued)

OTHER EXPENSES		
10. INSURANCE	a. Dental/Medical	
	b. Personal/Life	
	c. Car	
	d. House/Household	
	e. Other	
	*Subtotal →	
11. MEDICAL	a. Doctor	
	b. Dentist	
	c. Drugs	
	d. Other	
	*Subtotal →	
12. TAXES	a. Property Tax	
	b. Income Tax	
	c. Other	
	*Subtotal →	
13. MISCELLANEOUS	a. Education	
	b. Licences	
	c. Other	
	*Subtotal →	
	14. SUBTOTAL: OTHER EXPENSES →	
	15. SUBTOTAL: BASIC MONTHLY EXPENSES (from p. 10)	
	16. TOTAL MONTHLY EXPENSES →	

INCOME ASSESSMENT FORM

Instructions for the use of this form can be found on page 22 of the Sourcebook.

List your monthly income in the right-hand column.

a) Earned Income	
b) Social Assistance	
c) Unemployment Insurance Benefits	
d) Family Allowance	
e) Educational Support	
f) Other	
Total income per month _____	

CLOTHING BUDGET CALCULATOR

Under each "Cost/Item" column, list the approximate cost of each article of clothing that you will need to buy during the next year. Multiply by the number of each item you will need and enter the result under "Cost".

Job Search Clothes: Include only those items you need to buy now for your job search. Add the figures in the "Cost" column to arrive at your total cost of job search clothes.

Work Clothes: List the articles of clothing you will have to buy specifically for work during the next year. Add the figures in the "Cost" column for a yearly amount; divide by 12 for a monthly amount.

Family/Personal: Enter the cost of all other clothing here.

	JOB SEARCH CLOTHES			WORK CLOTHES			FAMILY/PERSONAL CLOTHES		
Types of Clothes	Cost/ Item	Number	Cost	Cost/ Item	Number	Cost	Cost/ Item	Number	Cost
Shirt/Blouse		x			x			x	
Sweater		x			x			x	
Pants/Skirt		x			x			x	
Dress		x			x			x	
Suit		x			x			x	
Socks/Stockings		x			x			x	
Underwear		x			x			x	
Winter Coat		x			x			x	
Raincoat		x			x			x	
Snowsuit		x			x			x	
Shoes		x			x			x	
Rainboots		x			x			x	
Snowboots		x			x			x	
Tie/Scarf		x			x			x	
Hat		x			x			x	
Mittens/Gloves		x			x			x	
Umbrella		x			x			x	
Handbag		x			x			x	
Uniform		x			x			x	
Workpants		x			x			x	
Workshirt		x			x			x	
Gloves		x			x			x	
Hardhat		x			x			x	
Workboots/shoes		x			x			x	
Coveralls		x			x			x	
Outdoor Jacket		x			x			x	
Other		x			x			x	
TOTAL	XXXXXXXXXXXX			XXXXXXXXXXXX			XXXXXXXXXXXX		
						divided by 12		MONTHLY COST	divided by 12

Enter the greater of these two amounts under "Job Search/Work Clothes" on your "Expenses Assessment Form." If the amount you'll be spending right away for job search clothes is more than your monthly work clothes cost, you will probably have to adjust your budget once you've bought your interview clothes.

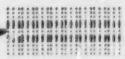
PUBLIC TRANSIT COSTS

Complete instructions for the use of this form can be found on page 37 of the Sourcebook.

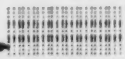
TOTAL TRIPS

a) Number of trips per week .....
b) Number of trips per month .....
[a) times 4.3]

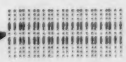
CASH

a) Cost of one trip .....
b) Cost of trips per month ..... → 

TICKETS/TOKENS

a) _____ tickets for _____
b) Cost of one ticket .....
c) Cost of trips per month ..... → 

PASSES

a) Cost per month ..... → 

COST OF CAR OWNERSHIP

Instructions for the use of this form can be found on page 39 of the Sourcebook.

1. PRINCIPAL COST	
a) Total amount of loan to purchase car	
b) Number of monthly payments	
c) Monthly payments	
2. GAS a) Expected distance travelled per month	
b) Estimated kilometres to the litre for car	
c) Number of litres needed per month [a) divided by b)]	
d) Cost of gas per litre	
e) Cost of gas per month [multiply c) by d)]	
3. MAINTENANCE	
a) Cost of oil and regular maintenance per month	
4. REPAIRS	
a) Amount to be set aside each month	
5. INSURANCE	
a) Amount of premiums per year	
b) Amount to be set aside each month [a) divided by 12]	
6. LICENCES	
a) Cost of driver's permit per year	
b) Cost of licence for car per year	
c) Total amount to set aside for licences each month [a) plus b) divided by 12]	
7. PARKING	
a) Monthly cost of parking at home	
b) Monthly cost of parking at work	
8. TOTAL COST OF CAR OWNERSHIP PER MONTH	

Use this space for rough calculations

EVALUATING TRAVEL ALTERNATIVES

Instructions for the use of this form can be found on page 45 of the Sourcebook.

	Cost	Time	Reliability	Convenience
Public Transit				
Car Ownership				
Car Pool				
Ride-Sharing				
Other				

PUBLIC TRANSIT EXERCISE

Instructions for the use of this form can be found on page 49 of the Sourcebook.

1. Employer's Name _____ Telephone _____	Employer's Name _____ Telephone _____
2. Address _____	Address _____
3. Intersecting Street _____	Intersecting Street _____
4. Travel Plan _____	Travel Plan _____
_____	_____
_____	_____
_____	_____
_____	_____
Cost _____	Cost _____
Travel Time _____	Travel Time _____

CHILD CARE: ASSESSING YOUR NEEDS

Complete instructions for the use of this form can be found on page 58 of the Sourcebook.

1. Age of each child requiring care	2. Times care is needed	3. Cost I can afford	4. Preferred location

5. Skills/Experience of Caregiver
6. Health of Caregiver
7. Safety Provisions
8. Indoor Facilities
9. Outdoor Facilities
10. Nutrition
11. Discipline/Routines
12. Other Children Cared For
13. Children's Health
14. Other Requirements

CHILD CARE RESOURCE CHECKLIST

You may use this sheet as a checklist when contacting child care resources to see whether your needs will be met. (See page 63 of the Sourcebook.)

1. Name and phone number of caregiver		
2. Times will provide care		
3. Cost		
4. Location		
5. Skills/Experience		
6. Health of Caregiver		
7. Safety Provisions		
8. Indoor Facilities		
9. Outdoor Facilities		
10. Nutrition		
11. Discipline/Routines		
12. Other Children Cared For		
13. Children's Health		
14. Other Requirements		

CARE OF ADULT DEPENDENTS: ASSESSING YOUR NEEDS

Complete instructions for the use of this form can be found on page 67 of the Sourcebook.

1. Age of Dependent
2. Special Problems
3. Services Required
4. Times care is needed
5. Preferred location
6. Transportation needed
7. Skills/Experience of Caregiver
8. Cost I Can Afford
9. Special Facilities Required
10. Other Requirements

CARE OF ADULT DEPENDENTS: RESOURCE CHECKLIST

This sheet can be used to record information about services offered by individuals or agencies you contact. You can then compare the services offered with your needs. For information on locating resources, see page 71 of the Sourcebook.

1. Name and phone number of individual or agency		
2. Age or group they serve		
3. Services provided		
4. Times services are provided		
5. Location		
6. Transportation		
7. Skills/Experience		
8. Cost		
9. Special Facilities Required		
10. Other		

FOLLOWING UP ON DISCRIMINATION

Instructions for the use of this form are on page 121 of the Sourcebook.

Employer/Company
Name: _____
Address: _____
Representative: Name: _____ Job Title: _____

Position
Job Title: _____
Qualifications Required: _____
_____
_____
_____
Your Qualifications: _____
_____
_____
_____
_____

Decision or Action: _____
_____
_____
_____

Grounds of Discrimination _____
_____

Your Reasons _____
_____
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_____

Other Information _____
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SOLUTIONS PLANNING CHART

You can use this chart to plan ways of dealing with problem areas you have identified. For each topic that you marked on the Checklist, follow these steps:

1. Write the name and number of the topic in the column marked TOPIC.
2. Under PROBLEM OR NEED, describe the specific problem you have with that topic. Use the Sourcebook and/or your answers in the Workbook to help you.
3. Use the CHOOSING SOLUTIONS WORKSHEET (see next page) to decide on a plan of action that will best solve your problem or need.
4. Below, under PLAN OF ACTION, record the plan you choose to solve your specific problem or need. Include any details that you will need when putting the plan into effect (e.g. location, starting date, special arrangements you should make).

If you have more than one problem area or need, you should choose a plan of action for each one and number the plans in the order in which you should carry them out.

TOPIC	PROBLEM OR NEED	PLAN OF ACTION
Example: 1 c) Finances - Serious Debt	paying all debts on present income	Credit Counselling Service, 187 Bay St.

CHOOSING SOLUTIONS WORKSHEET

You can use this worksheet to assess plans of action and to choose the one(s) that best meets your needs. If you need more space than is provided, use a plain sheet of paper.

1. Under TOPIC, write the name and number of the PLACE topic for the problem or need.
2. Look up the topic in the PLACE Directory. There, you will be referred to information about possible solutions.
3. Below, under POSSIBLE SOLUTIONS, note the programs or plans of action that might solve your specific problem or need. For each possible solution, include the following kinds of information, if applicable: cost, location, duration, eligibility requirements, starting date(s), space available in program and effect on income.
4. Choose the solution that is best for your situation. Consider the information you gathered about each plan, as well as issues such as how urgently you must solve your problem and whether a given solution might solve more than one problem at once.
5. On the previous page, record the solution(s) you choose.

TOPIC	POSSIBLE SOLUTIONS
Example: 1 c) Finances - Serious Debt	- Bankruptcy Cost: $500 paid over time to a trustee Location: Contact Bankruptcy Branch, Consumer & Corporate Affairs, 240 Bank St. Duration: about 10 months Eligibility: 18 yrs old; in debt over $1000.00 Start Date: right away Space Available: N/A - creditors can't start or continue legal action or garnishee - finances & assets put in hands of trustee until debts are paid - Credit Counselling Service Cost: None Location: Contact service at 187 Bay St. Duration: as long as it takes Eligibility: anyone unable to pay debts Start Date: can get appointment 3-4 days after application Space Available: N/A - sets up orderly payment of debts program worked out with creditors - can prevent new garnishees

CHOOSING SOLUTIONS WORKSHEET (continued)

TOPIC	POSSIBLE SOLUTIONS